

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS

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FEB 01 2023
THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

Lutwione Anton
Robinson

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

Tom J. Dart
OFC. RIVERS
OFC. ROBERSON
OFC. ROBINSON

1:23-cv-00599

Judge John J. Tharp, Jr
Magistrate Judge Gabriel A. Fuentes
PC 3
RANDOM

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

☒

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

☐

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

☐

OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

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I. Plaintiff(s):

- A. Name: Lutwione A. Robinson
- B. List all aliases: N/A
- C. Prisoner identification number: 20221103091
- D. Place of present confinement: Cook County Dept of Corrections
- E. Address: 2700 S. California Ave Chicago, IL 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Tom DACT
 Title: Sheriff Cook County Dept of Corrections
 Place of Employment: Cook County Dept of Corrections
- B. Defendant: OFFICER RIVERS, (~~OFFICER Robinson, OFFICER Robinson~~)
 Title: Deputy Sheriff
 Place of Employment: Cook County Dept of Corrections
- C. Defendant: OFFICER Robinson
 Title: Deputy Sheriff
 Place of Employment: Cook County Dept. of Corrections

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

D. Defendant: OFFICER ROBBERSON

Title: Deputy Sheriff

Place of Employment: Cook County Dept. of Corrections

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III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: _____
- B. Approximate date of filing lawsuit: _____
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: _____
- D. List all defendants: _____
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): _____
- F. Name of judge to whom case was assigned: _____
- G. Basic claim made: _____
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): _____
- I. Approximate date of disposition: _____

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

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IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

My name is Lutwione Robinson a pre-trial detainee @ the Cook County Dept. of Corrections. While being housed in Div. 11 A6 cell # 304. I was physically assaulted in the day room by one inmate at first over the phone. They had a phone line or assigned lines with set times. When it was my time to make a call, the inmate in cell # 303 told me I wouldn't be able to use the phone unless he said so. So when my phone time came available I reached for the phone and this (detainee #1) pushed me. He very adamantly told me If I reached for it again he was going to punch me. So I needed to make a phone call, and picked up the phone. This is when (detainee #1) struck me in my face. I was defending myself, when another latino inmate in cell # 305 (detainee #2) with long hair swung at me also because they were friends of the same latino gang

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organization. As I was trying to fend off the other offender (detainee #2) I hit the floor and the (detainee #1) was on top of me & I don't remember where (detainee #2) was but I felt someone hitting me or kicking me. All I knew was my leg was burning. I barely could get up, but when I did I wasn't able to put no pressure on my right leg's foot. My tier officer Rivers was no where to be found, she and the responding officers where ~~not~~ not protecting me but threatening to mace me. By the officers failure to protect me my foot was broken and my leg was hurt pretty badly during this assault on me by (2) detainees. I feared for my life and personal safety after this incident because OFC. Rivers, OFC. Roberson, & OFC. Robinson all female officers couldn't do anything while I was assaulted. So I'm placing this into the courts hand and would like to pursue a lawsuit against officers' names & Sheriff & Cook County Dept of Corrections.

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V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I would like to sue for monetary damages for failure to protect & cruel and unusual punishment. I would like to sue for \$250,000.00 for pain and suffering and mental anguish.

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 11th day of December, 2022

Lutwaine A. Robinson

(Signature of plaintiff or plaintiffs)

Lutwaine A. Robinson

(Print name)

20221103091

(I.D. Number)

2700 S. California Ave

Chicago, IL 60608

(Address)

Lutwione A. Robinson #20221103091
2700 S. California Ave.
Chicago, IL 60608
Div. 8-3C-D2



01/27/2023-7

RECEIVED

JAN 27 2023

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

Prisoner Correspondent;

United States District Court
219 S. Dearborn, 20th Floor,
Chicago, IL 60604

